IMMUNIZATIONS

Proponent / Phone No. <u>MEDDAC</u>	Point of Contact:
Unit Inspected:	Date of Inspection:
Unit Representative:	Unit Phone No.:
Inspector's Name:	Inspector's Phone No.:
Unit Overall Rating: T P U	

REFERENCES: AR 40-562, Sep 06 95 b. www.anthrax.mil c. www.vaccines.mil/default.aspx?cnt=ImzU/ImzUHome

STANDARDS: "T"= 90% success rate of evaluated tasks with no failed critical tasks. "P"= 70% success rate of evaluated tasks with no failed critical tasks. "U"= less than 70% success rate of evaluated tasks or one failed critical task.

INSPECTION CRITERIA:	LEVEL	GO	NO GO	REMARKS
Does the company have the most current publications?	BN			
2. CRITICAL: Does the company use MEDPROS to monitor complete shot information for 90% (FORSCOM) or 80% TRADOC) of the organization's personnel? (AR 40-562, Para 1-4)	BN			
3. CRITICAL (FORSCOM – Alert Forces): Are 90% of the unit personnel current in the following immunizations? Alert Forces are: Members of active and reserve components designated to be in a state of readiness for immediate deployment to any area outside of the U.S., including units and individuals required to be in a state of readiness for immediate deployment within 30 days or less of notification. (AR 40-562, Para 1-4 & Chap 4 & 5, Table D-1.)	BN			
a. Influenza - annually.	BN			
b. PPD – annually.	BN			
c. Tetanus-diphtheria (Td or Tdap) – every 10 years. d. Hepatitis A – documentation of dose 1 and dose 2(dose 2 due	BN BN			
6-12 months after the 1 _{st} dose.)	DIN			
e. Hepatitis B – Documentation of complete 3 dose series. Dose 1 (Initial) Dose 2 (One month after Dose 1) Dose 3 (Six months after Dose 1)	BN			
f. Typhoid – booster every 5 years if oral vaccine given last.	BN			
g. Anthrax series complete, with annual booster. (Initial, 2 week, 4 week, 6 month, 12 month, 18 month, and annual booster.)	BN			
4. CRITICAL (TRADOC - Non-Alert Forces): Are 80% of personnel current on the following immunizations? Non-Alert Forces are: All other active duty and reserve personnel. (AR 40-562, Para 1-4 & Chap 4 & 5, Table D-1)	BN			
a. Influenza - annually	BN			
b. Tetanus-diphtheria (Td or Tdap) – every 10 years.	BN			
c. Hepatitis A – documentation of dose 1 and dose 2 (dose 2 due 6-12 months after the 1 _{st} dose.)	BN			
d. Hepatitis B – Documentation of complete 3 dose series. Dose 1 (Initial) Dose 2 (One month after Dose 1) Dose 3 (Six months after Dose 1)	BN			
e. Anthrax series complete, with annual booster. (Initial, 2 week, 4 week, 6 month, 12 month, 18 month, and annual booster.)				
REMARKS:				